
PRE-RETIREMENT

Insurance Education

2006

803-734-0678 / 1-888-260-9430

www.eip.sc.gov

TERI Participants

TERI participants must:

- **Remain on active insurance until last day of permanent, full-time employment**
- **Complete NOE for retiree coverage within 31 days of last day of permanent, full-time employment**

Retiree Returning to Work

- **If returning to work with no more than a 15-calendar day break, no action is required.**

Retiree Returning to Work

Retiree choosing to re-enroll as an Active Employee vs. Retiree choosing to enroll in the Retiree coverage

Enrolled as an Active Employee

- Eligible for \$3,000 Basic Life Benefit
- (with health coverage)
- Eligible for Basic LTD (with health coverage)
- Can enroll for Optional and Dependent Life (must terminate individual policy with Hartford)
- Can enroll for MoneyPlus – Pretax premiums – Dependent Care Spending Account
- Medical Spending Account (after one year of continuous employment)

Enrolled as a Retiree

- Not eligible for Basic Life Benefit
- Not eligible for Basic LTD
- Must convert Optional Life and Dependent Life to individual policy within 31 days of retirement
- Not eligible for MoneyPlus – Pretax premiums – Dependent Care Spending Account , Medical Spending Account

Retiree Insurance Eligibility

State Funded Retirees

- **Must have earned service with a school district, state agency or higher education system**
- **The state will contribute to your premiums to the same extent it contributes to the premiums of an active employee**
- **Local Subdivisions may vary**

Retiree Insurance Eligibility

State Funded Retirees

- **Eligible to retire upon termination of employment**
- **Must have 10 years earned service with state insurance-covered entity***
 - * **SCRS service purchase options such as non-qualified, federal, military, sick leave, out-of-state and service with employers that do not participate in the state insurance program do not apply toward insurance eligibility requirements.**
- **Last five years must have been consecutive in permanent, full-time position with state insurance-covered entity**

Retiree Insurance Eligibility

State Funded Retirees

If employment terminates before eligibility:

- **Must have 20 years earned service with a state insurance-covered entity* (last five years consecutive in a permanent, full-time position), or**
- **Must have 18 years of earned service before 1990 with a state insurance-covered entity* and:**
 - ✓ **Return to work with a state insurance-covered entity**
 - ✓ **Enroll in health and dental**
 - ✓ **Work two consecutive years in a permanent, full-time position**

Retiree Insurance Eligibility

ORP Retirees

- **ORP Retirees must meet the same insurance requirements as SCRS and EIP.**
- **EIP will bill you directly or you may request a bank draft.**

Retiree Insurance Eligibility

Non-Funded Retirees

- **Retirees who do not qualify for funded benefits and must pay the full premium, which includes the retiree share plus the state contribution. It also may include an administrative fee.**

Retiree Insurance Eligibility

Non-Funded Retirees

Age 55, 25 years of service (SCRS)

- **Must have 10 years with a state insurance-covered entity***
- **Last five years consecutive in a permanent, full-time position**
- **Must pay full cost until 60 or until 28 years of service would have been earned**

Retiree Insurance Eligibility

Non-Funded Retirees

- **Eligible to retire with five years, but less than 10**
- **Last five years consecutive in a permanent, full-time position with a state insurance covered entity***
- **Retiree pays full premium for duration of retirement**

Eligible Dependents

Spouse

- **Wedded or common-law spouse**
- **Ex-spouse by court order**
- **Spouse is not a state employee**

Children

- **Unmarried**
- **Not employed with benefits**
- **Reside with parent**
- **Under age 19 or until 25 if full-time student**
- **TRICARE student eligibility begins at 21 and ends at 23**
- **Incapacitated child (requires documentation)**

Survivors

Health Insurance

- **Premium waived for one year for covered dependents of active employees or funded retirees (after premium waiver, survivors pay full premium costs)***
- **Spouse eligible unless he/she remarries**
- **Eligible children**

*** Survivors of employees killed in the line of duty pay funded retiree premiums (local subdivisions may differ).**

Survivors

Dental Insurance

- **No premium waiver**
- **Survivor pays full costs***
- **Spouse eligible unless he/she remarries**
- **Eligible children**

*** Survivors of employees killed in the line of duty pay funded retiree premiums (local subdivisions may differ).**

Enrollment Periods

Annual Enrollment Period

- **Every October (Health plan carrier changes only)**

Open Enrollment Period

- **Every October in a year ending in an odd number**
- **Add or drop coverage for self and/or eligible dependents**

Turning 65 in Retirement

- **Notification by Social Security Administration three months before Medicare eligibility**
- **Notification by EIP three months before 65th birthday**
 - **Unless eligible for Medicare due to Social Security disability**
 - **If eligible due to Social Security disability, must notify EIP within 31 days of Medicare entitlement**

Age 65 + at Retirement

- **To apply for Medicare Part B (medical benefits), contact nearest Social Security Administration office no later than the month retirement begins**
- **Upon retirement, Medicare is primary health insurance**
- **Penalties may apply if you do not enroll in Medicare Part B when first eligible**

Medicare

Enroll under Part A and Part B

Hospital Benefits (A):

- **Deductible: \$952 per benefit period**
- **Premium free if enough work credits established**

Medical Benefits (B):

- **Deductible: \$124 annually**
- **2006 monthly premium: \$88.50**
- **Plan pays 80% of approved charges**

Medicare does not provide coverage outside the United States.

Prescriptions

Medicare Part D vs. Your State Health Plan RX Coverage

Medicare Rx Benefit(example)

- **\$37.00 average monthly premium (in addition to Part B premium)**
- **\$250 deductible**
- **You pay 25% of your yearly drug costs from \$250 to \$2,250**
- **You pay 100% of your drug costs from \$2,251 until you out-of-pocket costs reach \$3,600**
- **After you reach \$3,600, you will pay 5% of your drug costs or a small co-payment until the end of the calendar year depending on the plan you choose**

State Rx Benefit

- **Rx premium inclusive of your medical premium**
- **None**
- **Retail Participating Pharmacy \$10 generic; \$25 preferred; \$40 non-preferred Home Delivery(90 day) \$25;\$62 preferred;\$100 non-preferred**
\$2,500 out-of-pocket maximum than 100% until end of calendar year; Pay the Difference

Prescriptions

- Remember, if you elect Medicare's RX Benefits under Part D, you will LOSE prescription benefits under your State plan.
- EIP's prescription drug plan is as good as OR better than what will be provided under Medicare Part D.

State Rx Coverage vs. Medicare Part D

- **EIP will continue to provide prescription drug coverage under our health plan provided the retiree does not enroll in Medicare Part D.**

Health Plan Options to Subscribers Who Are Medicare Eligible

- **Medicare Supplemental Plan**
- **Standard Plan (carve out)**
- **BlueChoice HMO***
- **CIGNA HMO***
- **MUSC Options**

***Must live in service area to participate in HMO plans.**

Secondary Options to Medicare Under SHP

(administered by BlueCross/BlueShield of SC)

Medicare Supplemental

- **Pays Medicare A deductible each benefit period (\$952)**
- **Pays Medicare B annual deductible (\$124)**
- **Pays remaining coinsurance up to 100% of Medicare's approved charges**
- **Prescription drug benefit**
- **No coverage outside U.S.**

Example:

\$ 7,500 Hospital Bill

**- 952 (Medicare
Supplemental Plan
pays deductible)**

\$ 6,548 Medicare Pays

\$ -0- You pay

Secondary Options to Medicare Under SHP

(administered by BlueCross/BlueShield of SC)

Standard Plan with carve-out

- Annual deductible: \$350
- Calculates liability at 80%;
subtracts Medicare
payment;
pays difference
- Prescription drug benefit
- Worldwide Coverage

\$7,500	Hospital Bill
- <u>350</u>	Standard Deductible
\$7,150	Standard Liability
<u>X 80%</u>	Standard Co-Insurance
\$5,720	Amount Standard would pay in the absence of Medicare
<u>-\$6,548</u>	Amount paid by Medicare
\$ -0-	Standard plan pays nothing; you pay the lesser of 20% or balance of bill, whichever is less.
\$952	You pay

Health Plan Options to Subscribers who are not Medicare Eligible

Same as for active employees:

- **SHP Savings Plan**
- **SHP Standard Plan**
- **BlueChoice HMO***
- **MUSC Options***
- **CIGNA HMO***
- **Tricare Supplement(must be Tricare eligible, not eligible for Medicare)**

***Must live in service area to participate in HMO plans**

State Dental Plan

(administered by BlueCross/BlueShield of SC)

- **Choose any dentist**
- **No pre-existing condition limitations**
- **Open enrollment every two years**
- **\$1,000 annual maximum benefit**
- **Continues in retirement**

State Dental Plan

Classes of Coverage

Class 1

**Preventive services
100% of fee
schedule**

Class 3

**Prosthetics 50%
of fee schedule**

Class 2*

**Basic services
80% of fee
schedule**

Class 4*

**Orthodontia (limited
to children under 19
and \$1,000 lifetime
maximum)**

***\$25 deductible for Classes 2 and 3**

Dental Plus

- **Administered by BCBS of SC**
- **Higher level of coverage for same services under State Dental Plan (except orthodontia)**
- **State Dental Plan and Dental Plus combined annual maximum benefit is \$1,500 for services in Classes 1-3**
- **Must be enrolled in State Dental Plan (with same coverage level)**
- **Open enrollment every two years**
- **Continues in retirement**

Basic Life

- **Administered by the Hartford**
- **\$3,000 term life insurance**
- **For employees in any health plan**
- **Employer pays premium**
- **Double accidental death benefit**
- **Dismemberment benefits**
- **Ends at retirement, conversion available**
- **Must apply within 31 days of retirement**

Optional Life

(administered by The Hartford)

- **Ends at retirement (conversion available)**
- **Must file required enrollment form within 31 days of retirement date**
- **Will be billed by The Hartford**
- **Will be charged an administrative fee by The Hartford**
- **Can elect coverage in \$10,000 increments**
- **Optional Life portability (for retirees) ends at age 75***

***Conversion available within 31 days**

Dependent Life Spouse Coverage

(administered by The Hartford)

- **Eligible spouse can be covered:**
 - **For \$10,000 or \$20,000; or**
 - **Up to lesser of:**
 - ✓ **50% of employee's Optional Life coverage;**
or
 - ✓ **\$100,000**
- **Premiums based on employee's age**
- **Accidental death and dismemberment benefits**
- **Suicide exclusion applies**
- **Ends at retirement**
- **Conversion is available**

Dependent Life Child Coverage

(administered by The Hartford)

- **\$10,000 coverage**
- **\$1.24 per month, regardless of the number of children covered**
- **Only listed dependents covered**
- **Employee is beneficiary**
- **No double indemnity benefits**
- **Dependent Life ends at retirement, conversion available**

Basic Long Term Disability

(administered by Standard Insurance Co.)

- **Available to employees in any health plan**
- **Employer pays premium**
- **Income taxable**
- **62.5% benefit for a maximum of \$800 per month**
- **Offset by employer-funded benefits**
- **90-day waiting period**
- **2-year occupational disability, then permanent disability**
- **Ends at retirement**

Supplemental LTD

(administered by Standard Insurance Co.)

- **Premium based on monthly salary, age and plan**
- **Employee pays premium**
- **Income not taxable**
- **65% benefit of monthly salary up to \$8,000 maximum**
- **Offset by employer funded benefits**
- **Minimum benefit of \$100**
- **Lifetime Security Benefit**
- **90-day or 180-day waiting period**
- **Ends at retirement, conversion available**

Long Term Care

(administered by Aetna)

- **Provides benefits for custodial care for chronic, long-lasting diseases or disability, including Alzheimer's Disease**
- **Premiums based on age at time of purchase and selected daily benefit amount**
- **May continue when you retire or leave employment**

Long Term Care

(administered by Aetna)

Available to:

- **Employee (must enroll within 31 days from date of hire; otherwise, medical underwriting required)**
- **Spouse, parents and parents-in-law of active employee (medical underwriting required)**
- **Retiree, spouse or surviving spouse (medical underwriting required)**

Long Term Care

(administered by Aetna)

Plan Model	Disability Model	Service Models
Benefit trigger Bathing, dressing, eating, toileting, transferring, continence, and/or severe cognitive impairment	3 out of 6 <ul style="list-style-type: none">• Cash benefit regardless of expenses incurred• \$50-\$250 DBA options• Can purchase additional coverage while receiving benefits• Restoration of benefits	2 out of 6 <ul style="list-style-type: none">• Reimbursements for defined set of covered services• \$50-\$350 DBA options• Choice of 50% or 100% Home Care Benefit• Can purchase additional coverage while receiving benefits• Restoration of benefits
Expenses Covered	Nursing home – 100% Assisted living – 50% Home health care – 50%	Nursing home – 100% Assisted living – 100% Home health care – 50% or 100%
Spousal Premium Discount	N/A	10% for both employee/retiree and spouse

Vision Care Program

- **Discount program**
- **\$60 for routine eye exam**
- **20% discount on eyewear except disposable contacts**
- **Does not cover additional charges for contact lens exam**

Vision Care Program

- **Discounts available at participating ophthalmologists, optometrists and opticians**
- **Available to full-time and part-time employees, retirees, and COBRA subscribers and their eligible dependents**
- **Do not have to be enrolled in a health plan**

MoneyPlus\$

(administered by Fringe Benefits Management Company)

- **Available to active employees**
- **More spendable income**
- **Pre-tax Health, Dental, Dental Plus and Optional Life premiums (up to \$50,000)**
 - **\$.12 per month fee**
- **Medical Spending Account**
 - **\$5,000 maximum**
 - **\$2.50 per month fee**
- **Dependent Care Account**
 - **\$5,000 maximum**
 - **\$2.50 per month fee**

MoneyPlu\$

(administered by Fringe Benefits Management Company)

- **Can incur expenses through March 15, 2006 provided your account is active December 31, 2005. Applies to medical spending and limited medical spending account**
- **Deadline for filing claims March 31, 2006**
- **Plan retirement year deductions carefully**
- **Let benefits office know to withhold MoneyPlu\$ deductions only through retirement date if retiring during the year**
- **Not available in retirement**

Benefits You Can Take Into Retirement

- **Health and dental insurance**
- **Basic \$3,000 life (conversion)**
- **Optional life insurance (conversion or portability)**
- **Dependent life insurance (conversion)**
- **Supplemental Long Term Disability (conversion)**
- **Long Term Care insurance**
- **Vision Care program**

Important Things to Remember

You are responsible for your benefits



Enrollment is not automatic



**Enroll within 31 days of retirement, TERI
end date or disability approval**



**Make changes within
31 days of event**

Insurance Benefits Guide

The information in this overview is not meant to serve as a comprehensive description of the benefits offered by the Employee Insurance Program. Please consult your Insurance Benefits Guide and literature from the various HMOs offered in your service area for additional information.

Premiums

2006 RETIREE INSURANCE RATES (Employer-Funded Benefits)

RETIREE ELIGIBLE FOR MEDICARE SPOUSE ELIGIBLE FOR MEDICARE

COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANION	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS
SUBSCRIBER ONLY	N/A	75.46	93.46	125.30	127.00	119.24	N/A	0.00	18.52
SUBSCRIBER/SPOUSE	N/A	201.50	237.50	365.72	365.18	335.38	N/A	7.64	35.06
SUBSCRIBER/CHILD	N/A	124.46	142.46	268.46	267.12	223.56	N/A	13.72	38.26
FULL FAMILY	N/A	258.58	294.58	540.18	536.98	431.82	N/A	21.34	54.80

RETIREE ELIGIBLE FOR MEDICARE SPOUSE NOT ELIGIBLE FOR MEDICARE

COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANION	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS
SUBSCRIBER ONLY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.00	18.52
SUBSCRIBER/SPOUSE	N/A	219.50	237.50	365.72	365.18	335.38	N/A	7.64	35.06
SUBSCRIBER/CHILD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	13.72	38.26
FULL FAMILY	N/A	268.50	286.50	540.18	536.98	431.82	N/A	21.34	54.80

RETIREE NOT ELIGIBLE FOR MEDICARE SPOUSE ELIGIBLE FOR MEDICARE

COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANION	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS
SUBSCRIBER ONLY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.00	18.52
SUBSCRIBER/SPOUSE	72.56	219.50	237.50	365.72	365.18	335.38	N/A	7.64	35.06
SUBSCRIBER/CHILD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	13.72	38.26
FULL FAMILY	108.56	268.50	286.50	540.18	536.98	431.82	N/A	21.34	54.80

RETIREE NOT ELIGIBLE FOR MEDICARE SPOUSE NOT ELIGIBLE FOR MEDICARE CHILDREN NOT ELIGIBLE FOR MEDICARE

COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANION	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS
SUBSCRIBER ONLY	9.28	93.46	N/A	125.30	127.00	119.24	0.00	0.00	18.52
SUBSCRIBER/SPOUSE	72.56	237.50	N/A	365.72	365.18	335.38	0.00	7.64	35.06
SUBSCRIBER/CHILD	20.28	142.46	N/A	268.46	267.12	223.56	0.00	13.72	38.26
FULL FAMILY	108.56	294.58	N/A	540.18	536.98	431.82	0.00	21.34	54.80

RETIREE NOT ELIGIBLE FOR MEDICARE SPOUSE NOT ELIGIBLE FOR MEDICARE ONE OR MORE CHILDREN ELIGIBLE FOR MEDICARE

COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANION	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS
SUBSCRIBER ONLY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.00	18.52
SUBSCRIBER/SPOUSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	7.64	35.06
SUBSCRIBER/CHILD	20.28	142.46	160.46	268.46	267.12	223.56	N/A	13.72	38.26
FULL FAMILY	108.56	294.58	312.58	540.18	536.98	431.82	N/A	21.34	54.80

Premiums

2006 RETIREE INSURANCE RATES (Without Employer-Funded Benefits)

RETIREE ELIGIBLE FOR MEDICARE SPOUSE ELIGIBLE FOR MEDICARE

COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANION	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS
SUBSCRIBER ONLY	N/A	307.30	325.30	357.14	358.82	351.06	N/A	11.71	18.52
SUBSCRIBER/SPOUSE	N/A	654.52	690.52	818.74	818.20	N/A	N/A	19.35	35.06
SUBSCRIBER/CHILD	N/A	451.64	469.64	595.62	594.30	550.72	N/A	25.43	38.26
FULL FAMILY	N/A	787.58	823.58	1069.18	1065.98	960.82	N/A	33.05	54.80

RETIREE ELIGIBLE FOR MEDICARE SPOUSE NOT ELIGIBLE FOR MEDICARE

COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANION	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS
SUBSCRIBER ONLY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	11.71	18.52
SUBSCRIBER/SPOUSE	N/A	672.52	690.52	818.74	818.20	788.40	N/A	19.35	35.06
SUBSCRIBER/CHILD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	25.43	38.26
FULL FAMILY	N/A	797.50	815.50	1069.18	1065.98	960.82	N/A	33.05	54.80

RETIREE NOT ELIGIBLE FOR MEDICARE SPOUSE ELIGIBLE FOR MEDICARE

COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANION	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS
SUBSCRIBER ONLY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	11.71	18.52
SUBSCRIBER/SPOUSE	525.58	672.52	690.52	818.74	818.20	788.40	N/A	19.35	35.06
SUBSCRIBER/CHILD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	25.43	28.26
FULL FAMILY	637.56	797.50	815.50	1069.18	1065.98	960.82	N/A	33.05	54.80

RETIREE NOT ELIGIBLE FOR MEDICARE SPOUSE NOT ELIGIBLE FOR MEDICARE CHILDREN NOT ELIGIBLE FOR MEDICARE

COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANION	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS
SUBSCRIBER ONLY	241.12	325.30	N/A	357.14	358.82	351.06	63.50	11.71	18.52
SUBSCRIBER/SPOUSE	525.58	690.52	N/A	818.74	818.20	788.40	122.50	19.35	35.06
SUBSCRIBER/CHILD	347.46	469.64	N/A	595.62	594.30	550.72	122.50	25.43	38.26
FULL FAMILY	637.56	823.58	N/A	1069.18	1065.98	960.82	163.50	33.05	54.80

RETIREE NOT ELIGIBLE FOR MEDICARE SPOUSE NOT ELIGIBLE FOR MEDICARE ONE OR MORE CHILDREN ELIGIBLE FOR MEDICARE

COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANION	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS
SUBSCRIBER ONLY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	11.71	18.52
SUBSCRIBER/SPOUSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	19.35	35.06
SUBSCRIBER/CHILD	347.46	469.64	487.64	595.62	594.30	550.72	N/A	25.43	38.26
FULL FAMILY	637.56	823.58	841.58	1069.18	1065.98	960.82	N/A	33.05	54.80

Premiums

2006 SURVIVOR INSURANCE RATES (Without Employer-Funded Benefits)

SPOUSE ELIGIBLE FOR MEDICARE CHILDREN ELIGIBLE FOR MEDICARE

COVERAGE LEVEL	SAVINGS	STANDAR	MEDICARE SUPP	COMPANI	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS
SURVIVOR SPOUSE ONLY	N/A	307.30	325.30	357.14	358.82	351.06	N/A	11.71	18.52
SURVIVOR SPOUSE AND CHILDREN	N/A	451.64	487.64	595.62	594.30	550.72	N/A	25.43	38.26
SURVIVOR CHILDREN ONLY	N/A	144.34	162.34**	238.48	235.48	199.66	N/A	13.72	19.74

SPOUSE ELIGIBLE FOR MEDICARE CHILDREN NOT ELIGIBLE FOR MEDICARE

COVERAGE LEVEL	SAVINGS	STANDAR	MEDICARE SUPP	COMPANI	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS
SURVIVOR SPOUSE ONLY	N/A	307.30	325.30	357.14	358.82	351.06	N/A	11.71	18.52
SURVIVOR SPOUSE AND CHILDREN	N/A	451.64	469.64	595.62	594.30	550.72	N/A	25.43	38.26
SURVIVOR CHILDREN ONLY	106.34	144.34	N/A	238.48	235.48	199.66	N/A	13.72	19.74

SPOUSE NOT ELIGIBLE FOR MEDICARE CHILDREN ELIGIBLE FOR MEDICARE

COVERAGE LEVEL	SAVINGS	STANDAR	MEDICARE SUPP	COMPANI	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS
SURVIVOR SPOUSE ONLY	241.12	325.30	N/A	357.14	358.82	351.06	N/A	11.71	18.52
SURVIVOR SPOUSE AND CHILDREN	347.46	469.64	487.64**	595.62	594.30	550.72	N/A	25.43	38.26
SURVIVOR CHILDREN ONLY	N/A	144.34	162.34**	238.48	235.48	199.66	N/A	13.72	19.74

SPOUSE NOT ELIGIBLE FOR MEDICARE CHILDREN NOT ELIGIBLE FOR MEDICARE

COVERAGE LEVEL	SAVINGS	STANDAR	MEDICARE SUPP	COMPANI	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS
SURVIVOR SPOUSE ONLY	241.12	325.30	N/A	357.14	358.82	351.06	63.50	11.71	18.52
SURVIVOR SPOUSE AND CHILDREN	347.46	469.64	N/A	595.62	594.30	550.72	122.50	25.43	38.26
ONLY SURVIVOR CHILDREN ONLY	106.34	144.34	N/A	238.48	235.48	199.66	63.50	13.72	19.74

**THIS PREMIUM APPLIES ONLY IF ONE OR MORE CHILDREN ARE ELIGIBLE FOR MEDICARE.

2006 Optional Life Portability Insurance Rates*

Coverage	Age*								Coverage	Age* 70-74
	< 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69		
\$10,000	\$0.68	\$0.80	\$1.26	\$1.76	\$2.74	\$4.28	\$6.56	\$9.78	\$6,500	\$10.28
\$20,000	\$1.36	\$1.60	\$2.52	\$3.52	\$5.48	\$8.56	\$13.12	\$19.56	\$13,000	\$20.54
\$30,000	\$2.04	\$2.40	\$3.78	\$5.28	\$8.22	\$12.84	\$19.68	\$29.34	\$19,500	\$30.80
\$40,000	\$2.72	\$3.20	\$5.04	\$7.04	\$10.96	\$17.12	\$26.24	\$39.12	\$26,000	\$41.08
\$50,000	\$3.40	\$4.00	\$6.30	\$8.80	\$13.70	\$21.40	\$32.80	\$48.90	\$32,500	\$51.36
\$60,000	\$4.08	\$4.80	\$7.56	\$10.56	\$16.44	\$25.68	\$39.36	\$58.68	\$39,000	\$61.62
\$70,000	\$4.76	\$5.60	\$8.82	\$12.32	\$19.18	\$29.96	\$45.92	\$68.46	\$45,500	\$71.90
\$80,000	\$5.44	\$6.40	\$10.08	\$14.08	\$21.92	\$34.24	\$52.48	\$78.24	\$52,000	\$82.16
\$90,000	\$6.12	\$7.20	\$11.34	\$15.84	\$24.66	\$38.52	\$59.04	\$88.02	\$52,000	\$82.16
\$100,000	\$6.80	\$8.00	\$12.60	\$17.60	\$27.40	\$42.80	\$65.60	\$97.80	\$65,000	\$102.70
\$110,000	\$7.48	\$8.80	\$13.86	\$19.36	\$30.14	\$47.08	\$72.16	\$107.58	\$71,500	\$112.98
\$120,000	\$8.16	\$9.60	\$15.12	\$21.12	\$32.88	\$51.36	\$78.72	\$117.36	\$78,000	\$123.24
\$130,000	\$8.84	\$10.40	\$16.38	\$22.88	\$35.62	\$55.64	\$85.28	\$127.14	\$84,500	\$133.50
\$140,000	\$9.52	\$11.20	\$17.64	\$24.64	\$38.36	\$59.92	\$91.84	\$136.92	\$91,000	\$143.78
\$150,000	\$10.20	\$12.00	\$18.90	\$26.40	\$41.10	\$64.20	\$98.40	\$146.70	\$97,500	\$154.10
\$160,000	\$10.88	\$12.80	\$20.16	\$28.16	\$43.84	\$68.48	\$104.96	\$156.48	\$104,000	\$164.32
\$170,000	\$11.56	\$13.60	\$21.42	\$29.92	\$46.58	\$72.76	\$111.52	\$166.26	\$110,500	\$174.60
\$180,000	\$12.24	\$14.40	\$22.68	\$31.68	\$49.32	\$77.04	\$118.08	\$176.04	\$117,000	\$184.86
\$190,000	\$12.92	\$15.20	\$23.94	\$33.44	\$52.06	\$81.32	\$124.64	\$185.82	\$123,500	\$195.12
\$200,000	\$13.60	\$16.00	\$25.20	\$35.20	\$54.80	\$85.60	\$131.20	\$195.60	\$130,000	\$205.40
\$210,000	\$14.28	\$16.80	\$26.46	\$36.96	\$57.54	\$89.88	\$137.76	\$205.38	\$136,500	\$215.68
\$220,000	\$14.96	\$17.60	\$27.72	\$38.72	\$60.28	\$94.16	\$144.32	\$215.16	\$143,000	\$225.94
\$230,000	\$15.64	\$18.40	\$28.98	\$40.48	\$63.02	\$98.44	\$150.88	\$224.94	\$149,500	\$236.20
\$240,000	\$16.32	\$19.20	\$30.24	\$42.24	\$65.76	\$102.72	\$157.44	\$234.72	\$156,000	\$246.48
\$250,000	\$17.00	\$20.00	\$31.50	\$44.00	\$68.50	\$107.00	\$164.00	\$244.50	\$162,500	\$256.76
\$260,000	\$17.68	\$20.80	\$32.76	\$45.76	\$71.24	\$111.28	\$170.56	\$254.28	\$169,000	\$267.16
\$270,000	\$18.36	\$21.60	\$34.02	\$47.52	\$73.98	\$115.56	\$177.12	\$264.06	\$175,500	\$277.30
\$280,000	\$19.04	\$22.40	\$35.28	\$49.28	\$76.72	\$119.84	\$183.68	\$273.84	\$182,000	\$287.56
\$290,000	\$19.72	\$23.20	\$36.54	\$51.04	\$79.46	\$124.12	\$190.24	\$283.62	\$188,500	\$297.82
\$300,000	\$20.40	\$24.00	\$37.80	\$52.80	\$82.20	\$128.40	\$196.80	\$293.40	\$195,000	\$308.10
\$310,000	\$21.08	\$24.80	\$39.06	\$54.56	\$84.94	\$132.68	\$203.36	\$303.18	\$201,500	\$318.36
\$320,000	\$21.76	\$25.60	\$40.32	\$56.32	\$87.68	\$136.96	\$209.92	\$312.96	\$208,000	\$328.64
\$330,000	\$22.44	\$26.40	\$41.58	\$58.08	\$90.42	\$141.24	\$216.48	\$322.74	\$214,500	\$338.90
\$340,000	\$23.12	\$27.20	\$42.84	\$59.84	\$93.16	\$145.52	\$223.04	\$332.52	\$221,000	\$349.18
\$350,000	\$23.80	\$28.00	\$44.10	\$61.60	\$95.90	\$149.80	\$229.60	\$342.30	\$227,500	\$380.00
\$360,000	\$24.48	\$28.80	\$45.36	\$63.36	\$98.64	\$154.08	\$236.16	\$352.08	\$234,000	\$369.72
\$370,000	\$25.16	\$29.60	\$46.62	\$65.12	\$101.38	\$158.36	\$242.72	\$361.86	\$240,500	\$380.00
\$380,000	\$25.84	\$30.40	\$47.88	\$66.88	\$104.12	\$162.64	\$249.28	\$371.64	\$247,000	\$390.26
\$390,000	\$26.52	\$31.20	\$49.14	\$68.64	\$106.86	\$166.92	\$255.84	\$381.42	\$253,500	\$400.54
\$400,000	\$27.20	\$32.00	\$50.40	\$70.40	\$109.60	\$171.20	\$262.40	\$391.20	\$260,000	\$410.80
\$410,000	\$27.88	\$32.80	\$51.66	\$72.16	\$112.34	\$175.48	\$268.96	\$400.98	\$266,500	\$421.08
\$420,000	\$28.56	\$33.60	\$52.92	\$73.92	\$115.08	\$179.76	\$275.52	\$410.76	\$273,000	\$431.34
\$430,000	\$29.24	\$34.40	\$54.18	\$75.68	\$117.82	\$184.04	\$282.08	\$420.54	\$279,500	\$441.60
\$440,000	\$29.92	\$35.20	\$55.44	\$77.44	\$120.56	\$188.32	\$288.64	\$430.32	\$286,000	\$451.88
\$450,000	\$30.60	\$36.00	\$56.70	\$79.20	\$123.30	\$192.60	\$295.20	\$440.10	\$292,500	\$462.16
\$460,000	\$31.28	\$36.80	\$57.96	\$80.96	\$126.04	\$196.88	\$301.76	\$449.88	\$299,000	\$472.42
\$470,000	\$31.96	\$37.60	\$59.22	\$82.72	\$128.78	\$201.16	\$308.32	\$459.66	\$305,500	\$482.70
\$480,000	\$32.64	\$38.40	\$60.48	\$84.48	\$131.52	\$205.44	\$314.88	\$469.44	\$312,000	\$492.96
\$490,000	\$33.32	\$39.20	\$61.74	\$86.24	\$134.26	\$209.72	\$321.44	\$479.22	\$318,500	\$503.22
\$500,000	\$34.00	\$40.00	\$63.00	\$88.00	\$137.00	\$214.00	\$328.00	\$489.00	\$325,000	\$513.50

*You may elect to pay The Hartford quarterly, semi-annually or annually. A \$5 administration fee, per billing, will apply.